WISCONSIN MEDICAID
STAT-PA DRUG WORKSHEET FOR NONSEDATING ANTIHISTAMINE DRUGS

This worksheet is to be used by pharmacists and dispensing physicians only in preparation to receive prior authorization.

Name — Recipient	

The Specialized Transmission Approval Technology-PA (STAT-PA) system will ask for the following items in the order listed below:

GENERAL INFORMATION

Wisconsin Medicaid Provider Number	___ ___ ___ ___ ___ ___ ___ ___
Recipient Medicaid Identification Number	___ ___ ___ ___ ___ ___ ___ ___ ___ ___
National Drug Code	___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___
Prescriber's Drug Enforcement Administration Number	___ ___ ___ ___ ___ ___ ___ ___
Diagnosis Code Use the most appropriate *International Classification of Diseases, Ninth Revision, Clinical Modification* diagnosis code. The decimal is not necessary.	
Place of Service (Patient Location) Use patient location code "**00**" (Not Specified), "**01**" (Home [IV-IM Services Only]), "**04**" (Long Term/Extended Care), "**07**" (Skilled Care Facility), or "**10**" (Outpatient).	___ ___
Date of Service The date of service may be up to 31 days in the future, or up to four days in the past.	
Days' Supply Requested*	

CLINICAL INFORMATION

1. Is the recipient between six months and two years of age? If yes, press "1." If no, press "2." ___
   a. If yes, the PA request will be approved for up to 365 days.
   b. If no, the provider will be asked:
2. Has the recipient tried and failed over-the-counter loratadine (including loratadine products with or without pseudoephedrine)? If yes, press "1." If no, press "2." ___
   a. If yes, the PA request will be approved for up to 365 days.
   b. If no, the provider will receive the following message: "Your prior authorization request requires additional information. Please submit your request on paper with complete clinical documentation."

STAT-PA RESPONSE

Assigned PA Number	___ ___ ___ ___ ___ ___ ___
First Date of Service	
Expiration Date	
Number of Days Approved	

ADDITIONAL INFORMATION

The pharmacist learned of this diagnosis or reason for use when:
❑ The patient informed the pharmacist through patient consultation. In most cases, it is possible to learn the necessary information from the patient.
❑ The physician wrote the diagnosis or reason for use on this form or on a prior prescription order for this drug.
❑ The physician or personnel in the physician's office informed the pharmacist by telephone, either now or on a previous occasion.
Check the appropriate box:
❑ This is a new PA request.
❑ This is a renewed PA request.

*Days' supply requested equals the total days allowed by prescription. For example, for a one-year supply, providers should enter "365."